SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/11/2019 09:41
Date Of Accident	27/11/2019 14:30
Exact Location Of Accident	PAYA LEBAR ROAD (NEAR CALTEX)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP6333L
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE LTD
Co Reg No	198105775H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97673300
Alternative Phone No	OFFICE-68820888
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.8 5DR HATCHBACK (A)
Exact Purpose for which vehicle was being used at time of accident	t .
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D18MFL0003414
Cover Note Number	

Driver

Name of Driver TEO SOONG CHEW

NRIC No S1825899D

Date Of Birth 02/08/1967

Occupation OUTDOOR

Date Of Driving Pass 19/12/1990

Driving Experience 28 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97673300

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 164B RIVERVALE CRESCENT #14-296

Postcode 542164

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

2 NO

Was any injured conveyed to hospital by

NO

ambulance?

VO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 27/11/19 AT AROUND 1430HRS, I WAS DRIVING MY VEHICLE SMP6333L ALONG PAYA LEBAR ROAD TOWARDS GEYLANG ROAD. WHILE MOVING FORWARD ON LANE 3, SUDDENLY I FELT AN IMPACT ON RIGHT PORTION OF MY VEHICLE WHERE VEHICLE SKQ6859E COLLIDED ONTO MY VEHICLE. AS A RESULT MY VEHICLE'S RIGHT PORTION GOT DAMAGED. NOBODY WAS INJURED.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ6859E Vehicle Make/Model/Colour VOLVO V40

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ANG YONG SHENG

NRIC/Passport Number S8822953C

Contact Number +6581308558

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of .
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Scanned with CamScanner

Driver's Signature `
(If driver is not the policyholder)
コルルロ

14 16 HES

Reporting Centre Personnel's Signature Name: tuken Norr

Sketch Plan #2

	A- SMP 63334
COLTAX PIE CHANGI	B- 3kq 68596
→ <u> </u>	
<u> </u>	
7	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on 27/11/10 around luso Hrs , I was driving my valide SMP 6333L	
wong fa	lebor road towards adjuny road while moving forward on lane 3	
يرا مدران	felt on impact on tett portion of my valicle. Where vahille ske to	9596
	ente my vehicle. As a result my vehicle's right portion got dan	40.01
		9
otody	pas Injural	
	*	
71	/ /	

DECLARATION

I/We declare the foregoing particulars are true in every resp

1715HRS

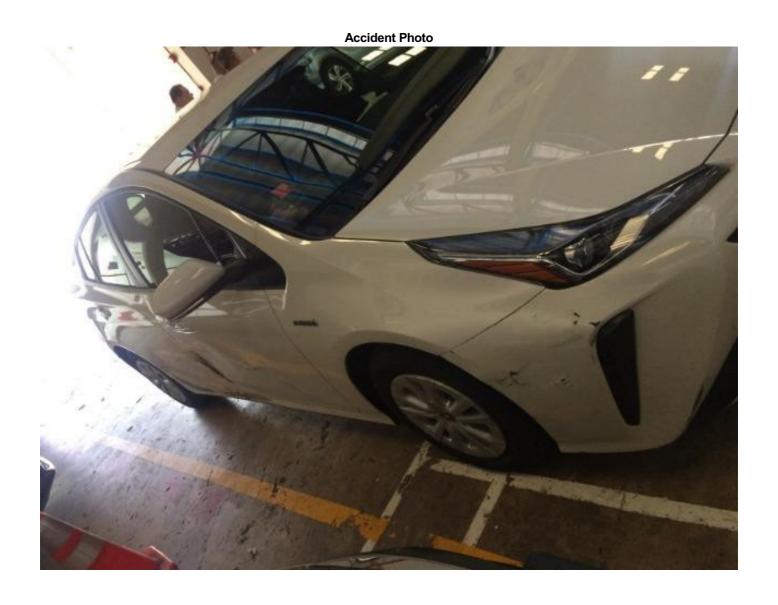
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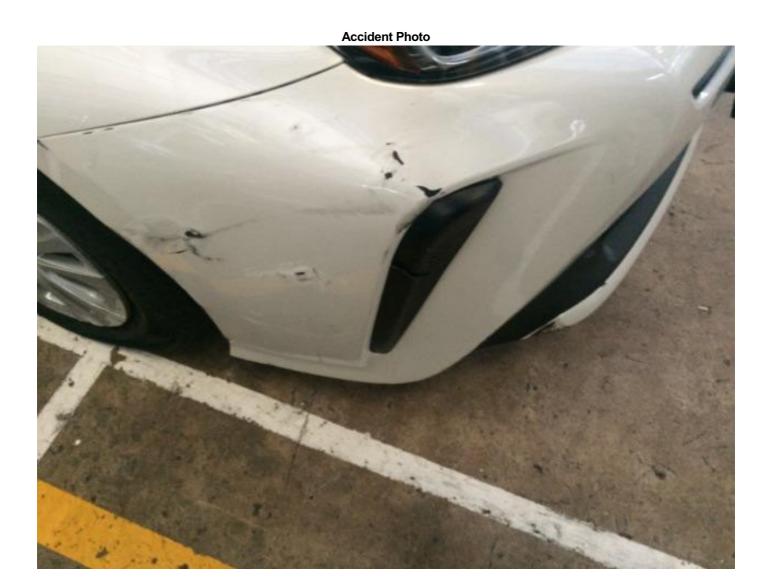
















Accident Photo SKQ 6859E

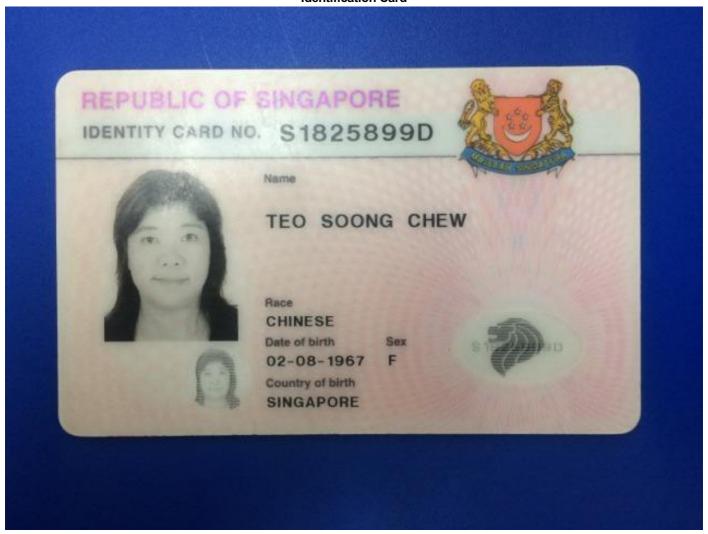




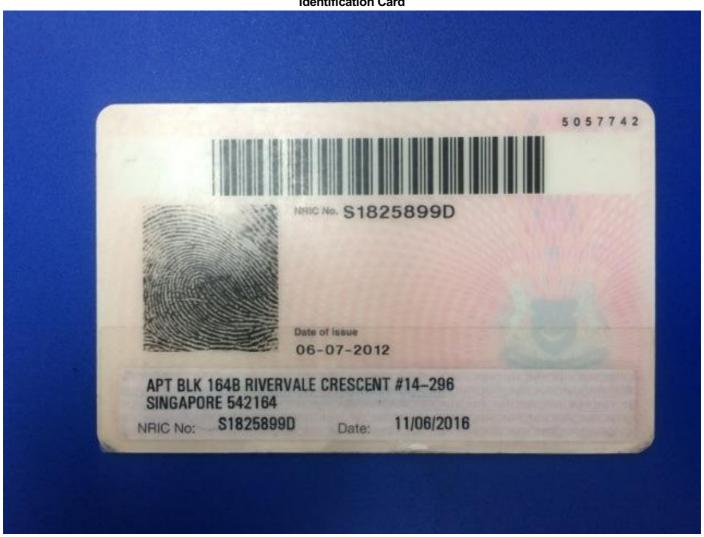




Identification Card



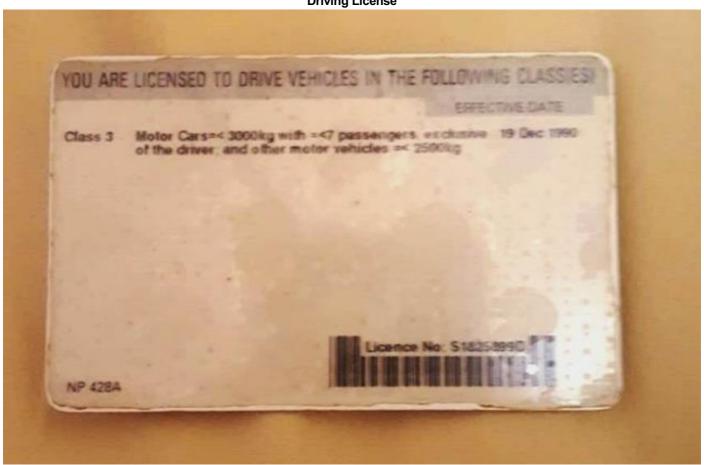
Identification Card



Driving License



Driving License



Vocational License

